MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022316 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4950

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2. 2 16 DATE AMENDED
3
4 0
5 2
6
7 0
8 2
9
10
11
12 73.0
13

73

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

FILED MAY 17 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St; Louis
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3453 Potomac St.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle H. Last TOENGES

4. DATE OF DEATH: Month May Day 6 Year 1963

5. SEX: male

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12/5/1890

9. AGE (last birthday): 72

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired police officer

10b. KIND OF BUSINESS OR INDUSTRY: Metrop.Police Dept

11. BIRTHPLACE (City and state or country): St. Louis, Mo!

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Toenyes

13b. MOTHER'S MAIDEN NAME: Mary Betz

14. NAME OF HUSBAND OR WIFE: Bertha Marie Mild

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date): no

16. SOCIAL SECURITY NO.: 44

17. INFORMANT: Erwin Stroh Address: 4219 Osceola

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Generalized
DUE TO (c): 420.0
INTERVAL BETWEEN ONSET AND DEATH: 10 years / Unk.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to May 6 1963 and last saw her/him alive on May 5 1963
Death occurred at 1:50 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Henry Cooper (Degree or title) MD

22b. ADDRESS: 818 Olive St. St Louis, Mo.

22c. DATE SIGNED: 5/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 5/9/63

23c. NAME OF CEMETERY OR CREMATORY: Our Redeemer Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave.

25. DATE RECD. BY LOCAL REG.: MAY 7 1963

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

Dr. Warner or Cooper
Paul Brown Bldg.
CH 1-4747

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4520

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.